

## CHECKLIST FOR CHILDREN AT INITIAL PLACEMENT

### **Directions:**

The CFS 418-J, Checklist for Children at Initial Placement, must be completed for all children entering substitute care even if the child was previously placed in substitute care. The checklist must be included in the case opening packet submitted to CAPU at the time of case assignment. The checklist is child specific. All of the items that appropriately describe the child's special needs should be checked. The option 'none' should only be checked if the child does not have any of the special needs listed below. **If ANY of the items other than 'none' are selected, the worker making the decision to place a child shall complete and submit this form via DCFS Outlook e-mail to "Spec FosterCare." The worker shall fax supporting documentation regarding the child's service needs and diagnosis to 312-814-9408, Attention: DCFS Specialized Foster Care Unit, as soon into the investigation as possible. Please note this form should only be e-mailed to the DCFS Specialized Foster Care Unit if one of the items other than 'none' is checked below.**

If the child is approved by the DCFS Specialized Foster Care Unit, he/she will be eligible to be placed directly in a specialized foster care program and the Specialized Foster Care Unit will assist in locating an appropriate agency to meet the child's needs.

Child's Name:

Last

First

Child's ID #:

DOB:

Date/anticipated date of custody:

Child's current location:

Are any relatives being assessed to care for the child?  Yes  No

If this is a child with medical needs, has a CFS 531, DCFS Regional Nurse Referral Form been submitted?  Yes  No

If yes, Date Submitted:

DCFS Nurse Assigned:

Any language/cultural needs:  Yes  No

If yes, please describe:

### **CHECK ALL OF THE APPROPRIATE ITEMS BELOW:**

None of the below conditions.

### **Medical**

Child has a life threatening disease as documented by a medical professional (e.g. brain tumor, cancer).

Child is dependent on life saving equipment (e.g. ventilator dependent, dialysis equipment, oxygen 24 hours a day).

- Child has a medical/physical condition or impairment that requires an extraordinary level of service intervention in order to stabilize and sustain the child in placement.

**Mental Health**

- Child is currently in a psychiatric hospital or has been psychiatrically hospitalized within 72 hours of day of intake.
- Child is an alleged sexual perpetrator confirmed by a delinquency petition and/or an Indicated SCR report.
- Other behaviors/services to be aware of:
- Sexual victimization  
Please explain:
  - Sexually aggressive  
Please explain:
  - Medication needs  
Please explain:
  - Special education  
Please explain:
  - Fire setting  
Please explain:
  - Juvenile delinquency  
Please explain:
  - Substance abuse  
Please explain:

Summarize the child's service needs, diagnosis, and circumstances:

Name of Worker Making Decision to Place the Child

Date

Name of Worker's Supervisor

Date